



Working Together

Securing a quality workforce for the NHS

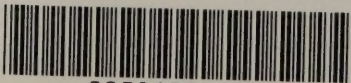
The new

NHS

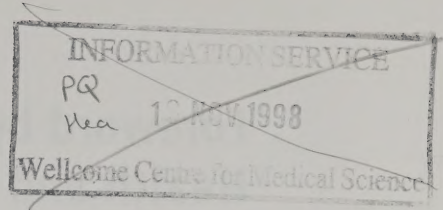
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Foreword by the Minister of State for Health and the Chief Executive



The NHS has always depended on the skill and dedication of its staff. Millions of patients have benefited from their care.

And it is the staff of the NHS who are the key to delivering the Government's ambitious programme of modernisation for the Service. Tackling inequalities in health provision. Keeping pace with medical and technological advances. Offering fast quality care to patients wherever they may live. Delivering modern and dependable services with courtesy and with an understanding of patients' fears and worries.

That means attracting and retaining high quality staff, committed to developing their skills and keeping them up to date. Staff who are given every opportunity to maximise their contribution to promoting good health and caring for patients.

First class health care delivered by first class staff also requires first class employers. Employers who are committed to involving their staff in decisions on the delivery of services, developing their skills, rewarding them fairly and providing a good, safe working environment. free from discrimination and harassment.

We need a national framework to achieve this in a National Health Service. We need to set a clear direction and measure progress against it nationally. That is why I am delighted to launch this strategy. It will have the strongest possible Ministerial support.

A handwritten signature in blue ink, reading 'Alan Milburn'.

Minister of State for Health



This document signals a new service-wide approach to managing human resources in the NHS. It has clear support in the NHS, based on a recognition of the need to ensure that all key service developments - in mental health, primary care and the modernisation of hospital services - will only succeed if the workforce implications are properly assessed at the outset and the staff concerned are fully involved in the process of change and know that their contribution is being valued.

That is a national challenge. It will require leadership and support from the centre, which the NHS Executive is committed to provide. Above all it must be a priority for leaders and managers across the NHS.

The best organisations in the NHS are already leading the way. Well thought out approaches to recruitment and retention; rewards that go well beyond the narrow definition of the pay packet; positive strategies for tackling racism and promoting quality across the workforce; imaginative approaches to communications, participation and involvement; healthy workplaces.

The challenge is to make this best practice the norm in every health authority, Primary Care Group and NHS Trust in the country.

A handwritten signature in blue ink, appearing to read 'Peter Wright', with a stylized flourish at the end.

Chief Executive

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Introduction

- 1.1** The aim of this document is to ensure that the people who work in the NHS are able to make the best possible contribution, individually and collectively, to improving health and patient care.
- **It is the product of a wide ranging consultation exercise** launched by Alan Milburn, Minister of State, in September 1997. A large number of written comments were received. Over 50 focus group discussions were held, involving a wide range of stakeholders including unions and professional bodies. Multi disciplinary workshops were held to work on the content of the document at the preparatory and draft stages.
 - **It marks the beginning of a process, not the end.** It sets a direction of travel and a framework for further development and measuring progress. The test will be whether it makes a difference to the quality of services provided by the NHS and the quality of working life of the people who work in it.
 - **It is for all parts of the NHS.** It must be addressed by all NHS organisations; and it is envisaged that, over time, the approach set out in this document should also be applied to all organisations providing (or aspiring to provide) services within or to the NHS.
 - **It is of prime concern to Chairs and Chief Executives,** who will have a key leadership role in taking forward the agenda it sets out. They will need effective support from other senior managers and in particular the HR community. But effective people management is not the sole prerogative of senior management or HR professionals. All those who manage staff, regardless of their profession or position in an organisation, have a responsibility to live out the values set out in this document and to contribute to delivering its aims.

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What we want to achieve

- 2.1** The Government's aim is to build a modern and dependable health service, providing a fast, responsive, high quality service consistently in all parts of the country.
- 2.2** A substantial programme of modernisation is being introduced to:
- tackle the root causes of ill health through linked programmes at national and local level;
 - break down barriers between organisations to provide integrated services, pulling together the right teams to meet the needs of users;
 - improve access to services by reducing waiting and making sure that the NHS responds more quickly to patients' needs;
 - raise the quality of services through improved standard setting, monitoring and governance arrangements;
 - develop a modern infrastructure of buildings, equipment and information technology.
- 2.3** Integral to delivering this programme is the need to maximise the contribution of staff. They provide the services. Their skill and dedication have frequently compensated for the difficult circumstances in which they work. But they are also hard-pressed and often demoralised. The extra £21 billion the Government will be investing in the NHS over the next three years will allow us to increase staff numbers to modernise services. A specially earmarked Modernisation Fund will be used, among other purposes, to provide the training and development staff need to renew

and enhance their skills for the future. The challenge for leaders and managers in the NHS is, therefore:

- **to plan effectively at national and local level to ensure that we recruit and retain a workforce which has the capacity, skills, diversity and flexibility to meet the demands on the Service** - which are increasing in volume and complexity.

Achievement of the Government's target to reduce waiting lists requires increased activity levels, which will in turn make extra demands on recruitment and retention policies. Other major service developments now in hand - Health Improvement Programmes, National Service Frameworks, Clinical Governance, the development of Primary Care Groups and Primary Care Trusts - provide a real opportunity to ensure that the pivotal role of adequate workforce planning, effective personal and organisational development and staff involvement is recognised from the outset and reflected in the associated performance management arrangements. Developing staff skills to support the new information strategy, vital to the delivery of better care and better health, will be essential to its success. Mainstreaming HR in this way is vital if we are to deliver service objectives.

- **to make the NHS a better place to work.** A modern, dependable NHS needs modern, dependable employers. The best employers - in the NHS and outside - know that to obtain the best from their staff they must gain their trust and treat them fairly and keep their promises to them. **The link between quality service delivery and quality management of staff is at the heart of all good employment practice.** There is now research evidence from the NHS itself which shows that:

- poor staff management contributes to factors which damage the delicate infrastructure and networks that deliver patient care - and in turn exacerbates staff turnover, low morale and workbased stress and exhaustion;
- organisations which are practising progressive HR practices are more productive and efficient.

2.4 Using the example of best, modern employment practice inside and outside the NHS, the test of whether we succeed in improving the quality of working life for staff will be whether they belong to an organisation which provides

- a fair process for determining reward

- job satisfaction through empowerment and involvement in decision making
- equality of opportunity
- skills development
- positive and sensitive management
- well being, in terms of employment security and working environment.

2.5 This is a substantial agenda, involving major programmes of change. It has to be taken forward alongside and in support of other priorities for development in the NHS. The diversity of usually small-scale organisations in primary care pose particular challenges. But in all sectors of the NHS there is a recognised need to build capacity and capability in the management of people and organisational change.

2.6 All this points to three strategic aims for the HR in NHS to be addressed over a 5 year horizon.

Strategic aims

We must

- ensure that we have a quality workforce, in the right numbers, with the right skills and diversity, organised in the right way, to deliver the Government's service objectives for health and social care
- be able to demonstrate we are improving the quality of working life for staff
- address the management capacity and capability required to deliver this agenda and the associated programme of change.

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Making it happen

3.1 In taking these strategic aims forward we will be building on progress already made on implementing priorities for action set out by the Government (see Annex A). But achieving these aims will require a stronger national framework including:

- a strong system of underpinning values
- a commitment to working together on a common agenda for action
- clear measures of progress
- a proper system of review and evaluation

Values

3.2 The NHS has a strong ethical base. The following values should underpin the management and development of all NHS staff and act as touchstones for any planned or proposed change:

Fairness and equality: staff deserve to be treated fairly and with respect. A key challenge is to ensure that equality of opportunity is integrated into everything the NHS does - not only in service delivery but in how staff are treated and valued.

Flexibility: an organisation of the size and complexity of the NHS has to be flexible to meet patients' needs. Flexible employment practice is essential - both to benefit local employers and to get the best from staff, who come from a range of backgrounds and have different personal/family circumstances.

Strategic aim: Ensure that the NHS has a quality workforce, in the right numbers, with the right skills, and diversity, organised in the right way, to deliver the Government's service objectives for health and social care.

Priority areas for action at local level	Objectives / targets
Health Improvement Programmes	<ul style="list-style-type: none"> • Each HIMP to be supported by a comprehensive HR and OD action plan, signed up to by all participant organisations
Primary Care Groups/ Primary Care Trusts	<ul style="list-style-type: none"> • Each PCG/PCT to demonstrate preparedness and commitment to sign up to HR framework and meet minimum standards on HR as set out in central guidance
Clinical Governance	<p>By April 2000 each local employer to</p> <ul style="list-style-type: none"> • have in place training and development plans for the majority of health professional staff
Recruitment & retention	<p>By April 2000 each local employer to</p> <ul style="list-style-type: none"> • have in place an annual workforce plan • demonstrate year on year improvement in retention rates for all health professional staff and, where applicable, targetted progress towards national minimum benchmark • demonstrate progress towards a workforce that year on year becomes more representative of the community it serves at all levels of the organisation

Strategic aim: Demonstrate that the NHS is improving the quality of working life for staff

Priority areas for action	Objectives / targets
Equality in the workplace	<p>By April 2000 each local employer to</p> <ul style="list-style-type: none"> • have policies and procedures in place to tackle harassment by staff and service users supported by monitoring and reporting arrangements to measure progress
Creating healthy workplaces	<p>By April 2000</p> <ul style="list-style-type: none"> • achieve year on year improvement in sick absence rates and, where applicable, targetted progress towards national minimum benchmark. • have systems in place to record and monitor workplace accidents and violence against staff and have published strategies in place to achieve a reduction of such incidents. • have in place Occupational Health Services and counselling available for all staff
Staff involvement	<p>By April 2000</p> <ul style="list-style-type: none"> • have developed and reviewed their mechanisms for involving staff in planning and delivering health care and have published their local policy on staff involvement • have acceptable standards of food and accommodation for on-call staff agreed with the local workforce and in place. • have reviewed their induction arrangements and agreed improvements with local staff, with particular reference to doctors on rotational training.
Measuring progress on improving quality of working life for staff	<p>By April 2000</p> <ul style="list-style-type: none"> • have undertaken an annual staff attitude survey to act as a benchmark against which improvements to the quality of working life can be measured.

Efficiency: we are charged by the taxpayer to ensure value for money and cost effectiveness in managing the public purse; but staff also want to know their work is contributing to improved patient care and that the whole organisation is committed to service delivery with no wasted bureaucracy.

Partnership: the new NHS calls for greater staff involvement and participation in service development and planning change and for greater collaboration both between NHS organisations and with other outside organisations working to improve health and social care.

Working together

3.3 This is a **national** agenda for **local** implementation with **central** support.

3.4 Some dimensions of the HR framework in the NHS have to be determined nationally:

- the legislative and regulatory framework
- national pay arrangements and conditions of service
- pre-qualification educational provision and the associated medium and long-term workforce planning
- major policy developments, including the workforce implications of national service developments.

3.5 The NHS Executive supports Ministers in the development and implementation of policies in these areas, working in consultation and partnership with the national professional bodies, trade unions and employer organisations.

3.6 There is a substantial programme of developing initiatives at a national level - on pay, staff numbers, equality issues, staff involvement, employment security, personal and organisational development, and a wide range of other issues - and all will contribute significantly to delivering the strategic aims set out in this framework. Some of the key projects to be launched by April 1999 are set out in Annex B.

3.7 But the premise of this new framework is that in order to maximise the contribution of staff and to achieve the strategic aims set out above, the NHS should **work together** to a

wider, common agenda. Its main focus, is therefore a commitment to a set of priorities for action at a local level, concentrating on the first two strategic aims. These are set out in the boxes on pages 10 and 11.

3.8 This should not - and will not - involve central prescription on issues which are properly the responsibility of local employers and managers. Services are delivered locally. They have to be shaped locally. Employers and managers in the NHS who are accountable for the delivery of services properly have responsibility for the staff they employ to deliver them. But unacceptable variations in the way staff are employed and treated are as out of place in a modern and dependable NHS as unacceptable variations in service provision. The aim is to **work together** to raise standards across the NHS to the level of the best.

3.9 For its part the NHS Executive will seek

- **to provide strategic leadership, guidance and support from the centre on developing national initiatives.**
- **to strengthen partnership working at national level.** The NHS Social Partnership Forum, has been formed out of the previous ad hoc meetings between the NHS Executive and the NHS Unions and employers. All the national management, staff-side and employer bodies are represented on the Forum. Its role - and associated arrangements - will continue to be developed.
- **to establish a new, more systematic approach to communications and networking with the HR community and other stakeholders.** This is essential to encourage ownership of this new national framework; to ensure that the NHS has a strong voice in shaping the future direction of HR policies, including the priorities for action under this framework; and to create opportunities for sharing best practice. It will also provide a platform for taking forward the strategic aim of developing HR capability, alongside other national development priorities, to be reflected at a later stage in priorities for local action. More details of this approach, and of the proposals to launch a national HR R&D programme are given in Annex C.

Measuring progress

3.10 The true test of whether this approach succeeds will be whether the NHS succeeds in delivering improved service outcomes, as measured by the new national performance framework. But it is essential, too, that it is seen to make a difference on the ground - to the working life of staff.

3.11 This means a commitment to measuring progress against a range of process and outcome targets. The Government is determined that the NHS makes an overall **national** commitment to performance improvement in certain key areas of employment. We will, therefore, be publishing by November national performance improvement targets in the following areas:

- participation rates for nurses and doctors
- sick absence
- incidence of violence against staff

3.12 We will also be setting a national benchmark against which to measure local performance in the case of staff retention rates.

3.13 But the main emphasis must be on measuring progress against the priorities for action at a local level, because that is where change is delivered. This is reflected in the targets and objectives set out in the boxes on pages 10 and 11. These targets will change over time as progress is made on their delivery and as other priorities emerge. It will be a dynamic process.

3.14 Performance will be monitored through the mainstream performance management arrangements. Failure to address these priorities and to achieve targeted progress will require attention; and Regional Offices will follow this up, drawing where appropriate on HR expertise from within the Region. Again, the emphasis is on **working together** to achieve change. More also needs to be done to highlight and reward good HR practice across the NHS. Proposals to address this will be developed in consultation with the NHS and announced at the national “HR in the NHS” Conference planned for early next year.

Review and evaluation

3.15 This strategy will be formally reviewed with effect from April 2001 and its impact on the service - its staff and patient care - will be examined. In addition:

- the annual HR objectives and targets will form part of the normal Business Plan deliberations which culminate in the issue of the National Priorities Guidance each year;
- the evaluation of this overall approach - will form a major part of the HR R&D Programme;
- progress on the aims, objectives and programmes specified in this document will be included in an annual report to Ministers by the national HR Director.

Annex A

Examples of progress on White Paper commitments

National consultation on strategy for Nursing • Consultation document issued - April 98

National Taskforce on staff involvement • Taskforce, including front-line staff established - April 98

Five Priorities for action:

Promote health at work • Regional roadshows on managing safety - Oct 97

• Comprehensive guidance on the management of health, safety and welfare issues including occupational health -May 98

• Five point plan to tackle violence against NHS staff announced by Minister of State for Health - June 98

Recognise and deal with racism • National survey of equal opportunities policies, practices and monitoring -Oct 97

• Regional seminars to follow up survey - May/June 98

• National action groups formed to tackle racial harassment. National campaign to be launched - Autumn 98

Develop family friendly employment policies • Good practice disseminated in recruitment and retention resource pack - March 98

• Computer aided self rostering system piloted. Evaluation results - Autumn 98.

Reasonable standards of food and accommodation for on-call staff • Examples of good practice reported to NHS Executive. Guidance on good practice in preparation to be issued - Autumn 98

Staff to be able to speak out without fear of victimisation • Letters from Minister of State for Health and NHS Executive reminding Chairs and CEs that "gagging" clauses were unacceptable in the NHS - Sept 97

Annex B

Planned national key projects

Strategic aims	Priority areas for action	By April 1999
A quality workforce	National Service Frameworks	NSFs for 1999/2000 to be accompanied by supporting programmes on workforce planning, education & training, and personal & organisational development
	Health Improvement Programmes	Publication of detailed implementation guidance
	Primary Care Groups/Trusts	Organisation and development resource pack issued
	Recruitment and retention	A centrally supported drive to improve recruitment and retention, including the development of family friendly policies, to support increased activity levels Guidance on improved workforce planning issued
	Lifelong learning	Consultation with NHS and key stakeholders on future investment in the light of responses to "A First Class Service"
Quality of working life	Equality issues	Action programme on racial harassment launched Publication of equality policy framework
		Government evidence to Review Bodies on Pay
	Pay	Report of taskforce on staff involvement
	Staff involvement	Report of Joint NHS/Staff Side review of employment security, including national policy on short-term contracts
Management capability	Employment security	Publication of national development strategy HR skills development programme agreed
		Improved HR communications
	Managing change	"HR in the NHS" conference HR R&D programme launched

Annex C

Supporting HR development in the NHS

A new approach to communications with the HR community and other stakeholders

There are well established communication networks between the NHS Executive, the wider HR community and other stakeholders, including Trade Unions, professional organisations and employers organisations, but improvements are needed to establish a more effective and comprehensive communication system. This will be designed and put in place as soon as possible. For example more use will be made of face to face meetings/briefings to share perspectives and enable a two way dialogue. Increased use of information technology will also provide other communication options.

A Strategic HR Intelligence Network is under development, helping existing NHS-based providers of HR expertise and information to work together with a common core service specification which supports improved communications and offers help to individual employers with HR developments.

An annual '*HR in the NHS*' Conference led by the National Director will provide an opportunity to reflect on what is happening at a national and local level. It will also - critically - provide an opportunity to work with the national HR Director to identify the HR priorities for action to be included in the National Priorities Guidance for the following year. The conference will be highly participative.

With effect from Autumn 1998, the national HR Director and his team will organise *regular face to face HR briefings*. These briefings will aim to both provide an insight into what is happening across the national policy front; an opportunity for local managers to explain what is happening on the ground; and, a more detailed analysis and discussion of current issues. They will be reviewed and developed continuously.

In addition to these changes, and to consolidate further closer working within the Executive and the NHS, *a national HR Advisory Group* will be established as a sounding board to the national HR Director. Two HR Directors from each Region will sit for a one year period on the Group and will be expected to feedback information within their own patch.

Better communications - more effective learning

Work commissioned by the Executive suggests the existence of a wide range of HR networks in each Region. They provide an ideal framework for both the more structured dissemination of information and the sharing of best practice between networks.

Involving the HR community in the national agenda, the policy determination process and more effective networking across boundaries presents first class learning opportunities. We must make every effort to ensure that all staff involved in HR in the NHS can use the better communication processes to enhance their own development.

The development of HR capability

It is clear from the pace of change and also from the breadth of the HR agenda that we need to institute a systematic and wide ranging approach to the ongoing development of HR capability. The recent consultation exercise pointed to the need to not only to develop skills and understanding amongst staff working in HR, but also of the need to capture on a more widespread basis the support of the Chief Executives, Chairmen and other Board colleagues in progressing the HR agenda.

Specific HR development programmes are, therefore, to be designed to address the differing needs of:

- *HR Directors*
- *other HR professionals*
- *Chairs and non-Executive Directors*
- *Chief Executives*

Wherever possible, we will dovetail our activities into existing programmes, such as the Chief Executive Development Programme. We will also look to facilitate more collaborative learning with other professionals e.g. Finance staff, Medical Directors, Nurse Executive Directors and senior PAMs professionals.

To augment these initiatives it has been agreed with Regional Directors that we will look to use the expertise of *existing HR Directors to work with Regional Directors on "macro change" issues* on either one off projects or to provide seconded support to Regional Offices.

A national HR R&D programme

The Department of Health already supported considerable research on human resource issues and there is much existing work which will inform and support the new framework for HR in the NHS. The framework does, however, create a major opportunity to provide a more coherent focus for future HR R&D. A new programme intended to underpin the HR framework and contribute significantly to the evidence base for HR practice is currently being planned.

A major objective of this revised approach is to ensure that the learning derived from the R&D projects can be effectively shared and disseminated in a meaningful form with HR practitioners and more widely in the NHS. With this in mind, the R&D programme specification will require participant organisations to set out how they would achieve this as well as engaging HR practitioners and others from the early stages and in creative ways.

Implementation of the new programme of R&D within the HR Department of Health Policy Research Programme will commence in April 1999.

Further copies of this document are available by writing to:

Department of Health
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or you can fax your order through on *fax* **0990 210 266**

This document can also be accessed on the Internet at the following address:
<http://www.open.gov.uk.doh/newnhs/hrstrat.htm>

Or if you work for the NHS you can order further copies through the:
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